

Fill in this information to identify your case:

Debtor 1 **Bernard O'Neal Woodfin, Jr.**

Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number **21-31863**
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
 - Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.
5. Net income from operating a business, profession, or farm

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ _____
\$ 0.00	\$ _____
\$ 0.00	\$ _____

6. Net income from rental and other real property
7. Interest, dividends, and royalties

Debtor 1
\$ 0.00
-\$ 0.00
\$ 0.00

Debtor 1

Bernard O'Neal Woodfin, Jr.

Case number (if known)

21-31863

**Column A
Debtor 1**

**Column B
Debtor 2 or
non-filing spouse**

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ _____

\$ **0.00**

\$ _____

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below..

\$ **0.00** \$ _____

..... \$ **0.00** \$ _____
 \$ **0.00** \$ _____
 + \$ **0.00** \$ _____

Total amounts from separate pages, if any.

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ **0.00** + \$ _____ = \$ **0.00**

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=>

\$ **0.00**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

12b. \$ **0.00**

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live.

VA

Fill in the number of people in your household.

1

Fill in the median family income for your state and size of household.

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ **64,870.00**

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3. Do NOT fill out or file Official Form 122A-2.
- 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
 Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Bernard O'Neal Woodfin, Jr.

Bernard O'Neal Woodfin, Jr.

Debtor 1

Bernard O'Neal Woodfin, Jr.

Case number (if known)

21-31863

Signature of Debtor 1

Date June 15, 2021

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1

Bernard O'Neal Woodfin, Jr.

Case number (if known)

21-31863

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **12/01/2020 to 05/31/2021**.

Non-CMI - Social Security Act Income

Source of Income: **Social Security Disability**

Constant income of **\$1,534.00** per month.

United States Bankruptcy Court
Eastern District of Virginia

In re Bernard O'Neal Woodfin, Jr.

Debtor(s)

Case No. 21-31863
Chapter 7

AMENDMENT COVER SHEET

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- Involuntary/Voluntary Petition [*Specify reason for amendment: _____*]
Check if applicable: Soc. Sec. No. amended. [*If applicable: An original, signed Official Form 121 was mailed/hand-delivered to the Clerk's office on _____.**]
 Summary of Your Assets and Liabilities (and Certain Statistical Information - Individuals Only)
 Declaration (Individuals - Form 106Dec) (Non-Individuals - Form 202)
 Schedule A/B – Property
 Schedule C – The Property You Claim as Exempt
 Schedule D – Creditors Who Hold Claims Secured by Property (See LBR 1009-1)
 Schedule E/F – Creditors Who Have Unsecured Claims (See LBR 1009-1)
 Schedule E/F Creditors Who Have Unsecured Claims (See LBR 1009-1)
(\$32.00 fee required if adding or deleting pre-petition creditors, changing amounts owed or classification of debt.) **Check applicable statement(s):**
 Creditor(s) added Creditor(s) deleted
 Change in amounts owed or classification of debt
 No pre-petition creditors added/deleted, or amounts owed or classification of debt changed. [Docket: Amended Schedule(s) and/or Statement(s), List(s)-NO FEE]
 Post-petition creditors added (Schedule of Unpaid Debts)

REMINDER: Conversion of Chapter 13 to Chapter 7 - only file Schedule of Unpaid Debts.

- Schedule G – Executory Contracts and Unexpired Leases
 Schedule H – Codebtors
 Schedule I – Your Income
 Schedule J – Your Expenses

[NOTE: The form “NOTICE TO CREDITOR(S) (RE AMENDMENT)” is still required when adding or deleting creditors.

*Amendment of debtor(s) Social Security Number requires that this cover sheet together with a completed Official Form 121 – Statement About Your Social Security Numbers be electronically filed or submitted to the Clerk’s Office for “restricted” entry of the amended Social Security Number into the case record.]

- Statement of Financial Affairs
 Statement of Intention for Individuals Filing Under Chapter 7
 Chapter 11 List of Equity Security Holders
 Chapter 11: The List of Creditors Who Have the 20 Largest Unsecured Claims Against You Who Are Not Insiders
 Attorney’s Disclosure of Compensation
 Other: Form 22

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a) and Local Rule 1009-1, I certify that notice of the filing of the amendment(s) checked above has been given this date to the United States Trustee, the trustee in this case, and to any and all entities affected by the amendment as follows: ECF.

Date: June 16, 2021

/s/ James E. Kane
James E. Kane 30081

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